

SHORT TITLE:	CASE NUMBER:
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### INSTRUCTIONS FOR USE

- This form should be used as an attachment to a Request for Orders to Stop Harassment, Notice of Hearing and Temporary Restraining Order (CLETS), or Restraining Order After Hearing (CLETS) if space does not permit the listing of all protected persons or persons to be restrained.

1. Additional defendant(s)/respondent(s) as listed in item 2 of the Request and the Notice of Hearing and Temporary Restraining Order and the Restraining Order After Hearing to Stop Harassment are:

a. (Name):

Sex: ☐ M ☐ F Ht.: \_\_\_\_ Wt.: \_\_\_\_ Hair color: \_\_\_\_ Eye color: \_\_\_\_ Race: \_\_\_\_ Age: \_\_\_\_ Date of birth: \_\_\_\_

b. (Name):

Sex: ☐ M ☐ F Ht.: \_\_\_\_ Wt.: \_\_\_\_ Hair color: \_\_\_\_ Eye color: \_\_\_\_ Race: \_\_\_\_ Age: \_\_\_\_ Date of birth: \_\_\_\_

c. (Name):

Sex: ☐ M ☐ F Ht.: \_\_\_\_ Wt.: \_\_\_\_ Hair color: \_\_\_\_ Eye color: \_\_\_\_ Race: \_\_\_\_ Age: \_\_\_\_ Date of birth: \_\_\_\_

d. (Name):

Sex: ☐ M ☐ F Ht.: \_\_\_\_ Wt.: \_\_\_\_ Hair color: \_\_\_\_ Eye color: \_\_\_\_ Race: \_\_\_\_ Age: \_\_\_\_ Date of birth: \_\_\_\_

e. (Name):

Sex: ☐ M ☐ F Ht.: \_\_\_\_ Wt.: \_\_\_\_ Hair color: \_\_\_\_ Eye color: \_\_\_\_ Race: \_\_\_\_ Age: \_\_\_\_ Date of birth: \_\_\_\_

2. Additional protected person(s) as listed in item 3 of the Request and item 10 of the Notice of Hearing and Temporary Restraining Order and item 11 of the Restraining Order After Hearing are:

a. (Name):

Sex: ☐ M ☐ F Age: \_\_\_\_ Lives with you? : ☐ Yes ☐ No How are they related to you? : \_\_\_\_

b. (Name):

Sex: ☐ M ☐ F Age: \_\_\_\_ Lives with you? : ☐ Yes ☐ No How are they related to you? : \_\_\_\_

c. (Name):

Sex: ☐ M ☐ F Age: \_\_\_\_ Lives with you? : ☐ Yes ☐ No How are they related to you? : \_\_\_\_

d. (Name):

Sex: ☐ M ☐ F Age: \_\_\_\_ Lives with you? : ☐ Yes ☐ No How are they related to you? : \_\_\_\_

e. (Name):

Sex: ☐ M ☐ F Age: \_\_\_\_ Lives with you? : ☐ Yes ☐ No How are they related to you? : \_\_\_\_